

REGISTERING AGENCY REMITTANCE FORM OFFICE OF THE STATE TREASURER ALEXI GIANNOULIAS

Mail Fo	orm and Check To:	Office of the Illinois State Accounting Division 300 West Jefferson Springfield, IL 62702	e Treasurer	
Make C	Checks Payable To:	Treasurer of the State of Illinois		
-	Name of Registering Agency	_	Today's Date	
-	Contact Name	_	Contact Phone Number	
Name of Fund			Check Number	Check Amount
Sex Off	ender Management Board I	Fund		